

PHA Plans

Annual Plan for Fiscal Year 2001

**Prichard Housing Authority
800 Hinson Avenue
P. O. Box 10307
Prichard, AL 36610**

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan
Agency Identification**

PHA Name: Housing Authority of the City of Prichard

PHA Number: AL169

PHA Fiscal Year Beginning: (mm/yyyy) 07/2001

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2000 - 2004
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

- ☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- X The PHA's mission is: To provide housing needs for low and moderate income families including the elderly handicapped and disabled, through community development, housing rehabilitation, resident initiatives, homeownership and economic development opportunities.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

- X PHA Goal: Expand the supply of assisted housing
Objectives:
X Apply for additional rental vouchers:
X Reduce public housing vacancies:
X Leverage private or other public funds to create additional housing opportunities:
X Acquire or build units or developments
☐ Other (list below)
- ☐ PHA Goal: Improve the quality of assisted housing
Objectives:
X Improve public housing management: (PHAS score)
X Improve voucher management: (SEMAP score)

- X Increase customer satisfaction:
 - ☐ Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - X Renovate or modernize public housing units:
 - ☐ Demolish or dispose of obsolete public housing:
 - ☐ Provide replacement public housing:
 - ☐ Provide replacement vouchers:
 - ☐ Other: (list below)
- X PHA Goal: Increase assisted housing choices
- Objectives:
- X Provide voucher mobility counseling:
 - X Conduct outreach efforts to potential voucher landlord
 - ☐ Increase voucher payment standards
 - ☐ Implement voucher homeownership program:
 - X Implement public housing or other homeownership programs:
 - ☐ Implement public housing site-based waiting lists:
 - ☐ Convert public housing to vouchers:
 - ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- X PHA Goal: Provide an improved living environment
- Objectives:
- X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - X Implement public housing security improvements:
 - X Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- X PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:

- X Increase the number and percentage of employed persons in assisted families:
- X Provide or attract supportive services to improve assistance recipients' employability:
- X Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- X PHA Goal: Ensure equal opportunity and affirmatively further fair housing Objectives:
 - X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - X Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2000
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☒ **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☒ Admissions Policy for Deconcentration
- ☒ FY 2000 Capital Fund Program Annual Statement
- ☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- ☒ PHA Management Organizational Chart
- ☒ FY 2000 Capital Fund Program 5 Year Action Plan
- ☒ Public Housing Drug Elimination Program (PHDEP) Plan
- ☒ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	any active CIAP grant	
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program X check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	Resident Survey Follow-up Plan	Annual Plan:

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	2,752	4	5	4	N/A	3	5
Income >30% but <=50% of AMI	868	4	5	4	N/A	3	3
Income >50% but <80% of AMI	585	3	5	5	N/A	3	5
Elderly	621	4	5	5	N/A	4	5
Families with Disabilities	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						
Race/Ethnicity	N/A						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000
U.S. Census data: the Comprehensive Housing Affordability Strategy
("CHAS") dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☐ Other sources: (list and indicate year of information)

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	573		54
Extremely low income <=30% AMI	446	78%	
Very low income (>30% but <=50% AMI)	110	19%	
Low income (>50% but <80% AMI)	17	3%	
Families with children	501	87%	
Elderly families	10	2%	
Families with Disabilities	62	11%	
Race/ethnicity (B)	569	99%	
Race/ethnicity (W)	4	1%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	35	6%	
2 BR	123	22%	
3 BR	370	65%	
4 BR	40	7%	

Housing Needs of Families on the Waiting List			
5 BR	5	11%	
5+ BR	N/A		
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 4 Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) <input checked="" type="checkbox"/> Section 8 tenant-based assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	604		175
Extremely low income <=30% AMI	500	83%	
Very low income (>30% but <=50% AMI)	62	10%	
Low income (>50% but <80% AMI)	42	.7%	
Families with children	559	93%	
Elderly families	14	.2%	
Families with Disabilities	31	.5%	
Race/ethnicity (B)	583	97%	
Race/ethnicity (W)	21	.3%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size	N/A		

Housing Needs of Families on the Waiting List			
(Public Housing Only)			
1 BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 5 Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☒ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☒ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

- X Seek designation of public housing for the elderly
- X Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☐ Other: (list below)

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- X Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- X Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- X Affirmatively market to local non-profit agencies that assist families with disabilities
- ☐ Other: (list below)

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- X Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- X Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- X Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☐ Funding constraints
- ☐ Staffing constraints
- X Limited availability of sites for assisted housing
- ☐ Extent to which particular housing needs are met by other organizations in the community
- X Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- X Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☐ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund	671,878	
b) Public Housing Capital Fund	938,506	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	8,419,770	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	98,000	
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
a) Project Based Assistance (New & Mod Rehab)	1,630,236	Operation
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	456,050	Operation
4. Other income (list below)	104,120	Operation
4. Non-federal sources (list below)		
Total resources	12,318,560	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- X When families are within a certain time of being offered a unit: (state time)
- ☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

X Criminal or Drug-related activity

X Rental history

X Housekeeping

☐ Other (describe)

c. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. X Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. X Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

X Community-wide list

☐ Sub-jurisdictional lists

☐ Site-based waiting lists

☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

X PHA main administrative office

☐ PHA development site management office

☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year? 1

2. X Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists? 1

3. X Yes ☐ No: May families be on more than one list simultaneously

If yes, how many lists? 1

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☒ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☒ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☒ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☐ Resident choice: (state circumstances below)
- ☐ Other: (list below)

c. Preferences

1. ☐ Yes X No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences:

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

Victims of domestic violence

Substandard housing

Homelessness

High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- X The PHA-resident lease
- X The PHA's Admissions and (Continued) Occupancy policy
- X PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- X At an annual reexamination and lease renewal
- X Any time family composition changes
- X At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

- a. X Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?
- b. ☐ Yes X No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
- c. If the answer to b was yes, what changes were adopted? (select all that apply)
- ☐ Adoption of site based waiting lists
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☐ Other (list policies and developments targeted below)
- d. ☐ Yes X No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- ☐ Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:
- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- ☐ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- X Criminal or drug-related activity only to the extent required by law or regulation
- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☐ Other (list below)
- b. X Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☐ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- X Criminal or drug-related activity
- X Other (describe below)
- Family's current address and current and prior landlord

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- ☐ None
- ☐ Federal public housing

- ☐ Federal moderate rehabilitation
- X Federal project-based certificate program
- ☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- X PHA main administrative office
- ☐ Other (list below)

(3) Search Time

a. X Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

Circumstances such as hospitalization or family emergency for an extended period of time which has affected the family's ability to find a unit with the initial 60-day period. When families are unable to find suitable housing and request extension in writing prior to expiration date.

(4) Admissions Preferences

a. Income targeting

☐ Yes X No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes X

No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
 Victims of domestic violence
 Substandard housing
 Homelessness
 High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes

☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

☐ Date and time of application

☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

☐ This preference has previously been reviewed and approved by HUD

☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

☐ The PHA applies preferences within income tiers

☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

X The Section 8 Administrative Plan

X Briefing sessions and written materials

☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

X Through published notices

X Other (list below)

Through radio and television

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- X The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
X \$26-\$50

2. ☐ Yes X No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes X No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

- d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member

- ☐ For increases in earned income
- ☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☐ Yes for all developments
- X Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☐ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- X Other (list below)
For Homeownership Developments

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- X Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments

- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
 - ☐ Never
 - ☐ At family option
 - X Any time the family experiences an income increase
 - ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
 - ☐ Other (list below)

- g. ☐ Yes X No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
 - X The section 8 rent reasonableness study of comparable housing
 - ☐ Survey of rents listed in local newspaper
 - ☐ Survey of similar unassisted units in the neighborhood
 - ☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☒ At or above 90% but below 100% of FMR
☐ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ The PHA has chosen to serve additional families by lowering the payment standard
☒ Reflects market or submarket
☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ Reflects market or submarket
☐ To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0

- X \$1-\$25
☐ \$26-\$50

b. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- X An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	427 Units	56
Section 8 Vouchers	453 Units	150
Section 8 Certificates	659	Included in Voucher Total
Section 8 Mod Rehab	145	25
Special Purpose Section 8 Certificates/Vouchers (list individually)	525	25
Public Housing Drug Elimination Program (PHDEP)	427 Units	
Other Federal Programs(list		

individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

Admission and Continued Occupancy Plan

(2) Section 8 Management: (list below)

Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- X ☒ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes X No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- X PHA main administrative office
- ☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- ☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

- X The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

Component 7
Capital Fund Program Annual Statement
Parts I, II, and II
Component 7
Capital Fund Program Annual Statement
Parts I, II, and II

Annual Statement
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number **AL09-P169-501-01** FFY of Grant Approval: (MM/YYYY)

☒ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	93,850
3	1408 Management Improvements	187,700
4	1410 Administration	93,850
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	25,000
8	1440 Site Acquisition	
9	1450 Site Improvement	70,000
10	1460 Dwelling Structures	189,356
11	1465.1 Dwelling Equipment-Nonexpendable	33,750
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	40,000
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	205,000
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	938,506
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA-wide	Operating Subsidy	1406	93,850
PHA-wide	Travel/Training Resident Initiatives Family Life Center Sports Program Security Program Youth Employment Program	1408	6,800 10,800 50,800 38,800 35,700 44,800
PHA-wide	CFP Coordinator Inspector Gym Administrator Security	1410	37,500 22,000 18,900 15,450
PHA-wide	A & E Services	1430	25,000
PHA-wide	Landscaping Various Sites Paving Various Parking Areas	1450	40,000 30,000
PHA-wide	Unit Turn Around Replace Exterior/Interior Doors Install New Kitchen Cabinets w/Sink And Hood Install Door Insulation	1460	78,000 43,150 58,206 10,000
PHA-wide	Replace Refrigerators Replace Ranges Replace Hot Water Heaters	1465	12,500 7,500 13,750
PHA-wide	Tractor(s), bushhog, tools and equipment	1470	40,000
PHA-wide	Development of 3 homes to AL09-P169-021	1498	205,000

Capital Fund Program (CFP) Part III: Implementation Schedule

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. X Yes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

X The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
PHA wide			
Description of Needed Physical Improvements or Management Improvements		Esti mated Cost	Planned Start Date (HA Fiscal Year)
Operations Operating Subsidy		\$469,250	2002-2006
Management Improvements Travel/Training, Resident Initiatives, Family Life Center, Sports Program, Security Program, Youth Employment Program		\$938,500	2002-2006
Administration CFP Coordinator, Inspector, Gym Administrator, Security		\$469,250	2002-2006
Fees and Costs A & E Services		\$125,000	2002-2006
Dwelling Equipment Replace refrigerators, stoves and water heaters		\$200,000	2002-2006
Total estimated cost over next 5 years		\$2,202,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
AL169-1 (Office)			
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Non-Dwelling Structures New Office		\$800,000	2003-2004
Total estimated cost over next 5 years		\$800,000	

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
AL169-1			
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Dwelling Structures Air Conditioning at 158 units Unit Turn Around		\$1,690,530	2005-2006
Total estimated cost over next 5 years		\$1,690,530	

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

- ☐ Yes X No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- X Yes ☐ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?
- If yes, list development name/s below:

Bessemer Apartment Complex

- X Yes ☐ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?
- If yes, list developments or activities below:

Bessemer Apartment Complex

- ☐ Yes X No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

- ☐ Yes X No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes X No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. X Yes ☐ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes X No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name:
1b. Development (project) number: AL09-P169-020
2. Federal Program authority: <input type="checkbox"/> HOPE I X 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) x Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (10/06/2000)
5. Number of units affected: 83

6. Coverage of action: (select one)

☐ Part of the development

x Total development

Public Housing Homeownership Activity Description
(Complete one for each development affected)

1a. Development name: Figures Way Subdivision

1b. Development (project) number: AL09-P169-017

2. Federal Program authority:

☐ HOPE I

X 5(h)

☐ Turnkey III

☐ Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)

x Approved; included in the PHA's Homeownership Plan/Program

☐ Submitted, pending approval

☐ Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:
(04/10/2000)

5. Number of units affected: 83

6. Coverage of action: (select one)

☐ Part of the development

x Total development

Public Housing Homeownership Activity Description
(Complete one for each development affected)

1a. Development name: Norwood Pointe Subdivision

1b. Development (project) number: AL09-P169-022

2. Federal Program authority:

☐ HOPE I

X 5(h)

☐ Turnkey III

☐ Section 32 of the USHA of 1937 (effective 10/1/99)

3. Application status: (select one)

X Approved; included in the PHA's Homeownership Plan/Program

☐ Submitted, pending approval

☐ Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission:
(12/15/1997)

5. Number of units affected: 50

6. Coverage of action: (select one)

☐ Part of the development

X Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Bella Street Subdivision 1b. Development (project) number: AL09-P169-019
2. Federal Program authority: <input type="checkbox"/> HOPE I <input checked="" type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (09/13/1995)
6. Number of units affected: 10 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Ponderosa Pines Estates 1b. Development (project) number: AL09-P169-012
2. Federal Program authority: <input checked="" type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (07/29/1993)
7. Number of units affected: 46 6. Coverage of action: (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Magnolia Trace Subdivision 1b. Development (project) number: AL09-P169-010
2. Federal Program authority: <input checked="" type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input checked="" type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (07/29/1993)
8. Number of units affected: 83 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description: The Section 8 Homeownership Program will be amended as Exhibit "C" to the Section 8 Administrative Plan.

a. Size of Program

- ☐ Yes ☒ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
- ☐ 26 - 50 participants
- ☐ 51 to 100 participants
- ☐ more than 100 participants

b. PHA-established eligibility criteria

X Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

The Housing Authority of the City of Prichard has adopted and specified in its Administrative Plan a minimum down payment requirement of \$500 from the family's resources.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

X Yes ☐ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 7/22/98

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- X Client referrals
- X Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- X Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants**(1) General****a. Self-Sufficiency Policies**

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☒ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☒ Preference/eligibility for public housing homeownership option participation
- ☒ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Youth Council	15	Random	PHA Main Office	Both
Kids House After School Program	25	Random	PHA - Weed & Seed	Both
Summer Enrichment	175	Random	PHA Main Office	Both
Sports	245	Random/Resident	PHA Main Office	Both
Explorers Club	15	Random	PHA Main Office	Both
Health Fair	45	Random	PHA Main Office	Both
Adult Basketball	60	Random	PHA Main Office	Both
Resident Association	10	Random	PHA Main Office	Public Housing
Employment of Residents	6	Selection	PHA Main Office	Both
Employment Readiness/Job Placement	25	Selection	PHA Main Office	Both

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: 04/17/2001)
Public Housing	0	0
Section 8	50	12

- b. X Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
 - X Informing residents of new policy on admission and reexamination
 - X Actively notifying residents of new policy at times in addition to admission and reexamination.
 - X Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
 - X Establishing a protocol for exchange of information with all appropriate TANF agencies
 - ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

COMMUNITY SERVICE POLICY

- A. Each non-exempt adult public housing resident must contribute eight (8) hours of community service or participate in a self-sufficiency program for eight (8) hours in each month. Community Service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-

sufficiency, or increase resident self-responsibility in the community. Community Service does not include political activities.

Note:

For purposes of the community service requirement an adult is a person eighteen (18) years or older.

- B. Exempt: The following adult family members are exempt:
- (1) 62 years of age or older
 - (2) Persons with qualifying disabilities which prevent the individual's compliance. The individual must provide appropriate documentation to support the qualifying disability, which may include self certification. In addition, any person who is the primary caretaker of such individual is exempt.
 - (3) Persons engaged in work activities as defined in section 407.(d) of the Social Security Act.
 - (4) Persons participating at least eight (8) hours a month in a welfare-to-work program.
 - (5) Person receiving assistance from and in compliance with a State program funded under Part A, Title IV of the Social Security Act.
- C. Proof of Compliance: Each head of household must present to the HA office documentation that he/she and all other persons eighteen years of age or older living in the household, who are not exempt, have complied with this section. Documentation may include a letter from the agency on letterhead or other official document. Any such documentation shall be verifiable by the HA. Failure to comply with the Community Service Requirement and to provide appropriate verifiable documentation prior to the date required shall result in the lease not being renewed by the HA. Provided, however, that the HA may allow the family member who is not in compliance to complete the requirements within the following year as follows: The head of household and the person not in compliance shall sign an agreement stating that the deficiency will be cured within the next twelve months. Proof of compliance with the agreement shall be made by the head of household annually at re-certification. Failure to comply with the agreement shall result in the lease being terminated for such non-compliance, unless the person(s), other than the head of household, no longer resides in the unit and has been removed from the lease.

FAILURE TO COMPLY WITH THE COMMUNITY SERVICE REQUIREMENT AND TO PROVIDE APPROPRIATE VERIFIABLE DOCUMENTATION PRIOR TO THE DATE REQUIRED SHALL RESULT IN THE LEASE NOT BEING RENEWED BY THE HA.

- D. Changes in Exempt or Non-Exempt Status will be handled during an interim or annual re-certification.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)
 - ☒ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
 - ☒ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
 - ☒ Residents fearful for their safety and/or the safety of their children
 - ☒ Observed lower-level crime, vandalism and/or graffiti
 - ☒ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
 - ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).
 - ☒ Safety and security survey of residents
 - ☒ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
 - ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
 - ☐ Resident reports
 - ☐ PHA employee reports
 - ☒ Police reports
 - ☒ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
 - ☐ Other (describe below)

3. Which developments are most affected? (list below)
 - Bessemer Apartments
 - R. B. Brown
 - Magnolia Trace

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
 - ☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
 - ☐ Crime Prevention Through Environmental Design
 - ☒ Activities targeted to at-risk youth, adults, or seniors
 - ☒ Volunteer Resident Patrol/Block Watchers Program
 - ☐ Other (describe below)

2. Which developments are most affected? (list below)

Bessemer Apartments

R. B. Brown

Magnolia Trace

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- X Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- X Police provide crime data to housing authority staff for analysis and action
- X Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- X Police regularly testify in and otherwise support eviction cases
- X Police regularly meet with the PHA management and residents
- X Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

☐ Other activities (list below)

2. Which developments are most affected? (list below)

Bessemer Apartments

R. B. Brown

Magnolia Trace

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

X Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

X Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?

☐ Yes X No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. X Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. X Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. X Yes ☐ No: Were there any findings as the result of that audit?
4. X Yes ☐ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? _____
5. X Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.
High performing and small PHAs are not required to complete this component.

1. ☐ Yes X No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
X Not applicable
☐ Private management
☐ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)
3. ☐ Yes X No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

A. Resident Advisory Board Recommendations

1. X Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- ☐ Attached at Attachment (File name)
- X Provided below:

The PHA met with the Resident Advisory Board to explain and discuss the contents of the Annual Plan and to solicit comments, suggestions and questions. The following comments and questions were given:

- a. Who selects the resident to be on the board? Ans. The Mayor
- b. Do the Housing Authority recommend the resident to be on the Board of Commissioners? Ans. No, they are appointed by the Mayor
- c. How long do a resident be on the board? Ans. 5 Years

Concerns

- A. The PHA need to continue to make the residents keep their yards clean
- B. More tickets should be given to residents who park on the grass
- C. Young men need to hanging out and leaving beer bottles on the ground
- D. Someone need to cut the grass for the elderly

The resident advisory board has reviewed the 5-year and Annual Plan as submitted by the PHA and found it consistent with the needs of the residents.

3. In what manner did the PHA address those comments? (select all that apply)

- X Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
- ☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes X No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes X No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- X Other: (describe)
Candidate selected by the Mayor of the City
Commissioner Minnie Levingston

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- X Any head of household receiving PHA assistance
- X Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- X Other (list) The Mayor of the City of Prichard makes the selection

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (State of Alabama Consolidated Plan)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
- X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

X Other: (list below)

The PHA has mailed a copy of the Annual and Five Year Plan to the State.

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

Attachment A	Resident Advisory Board Members
Attachment B	REAC Customer Service Survey Follow-up Plan
Attachment C	Admissions Policy for Deconcentration
Attachment D	Organization Chart
Attachment E	Pet Policy
Attachment F	Community Service Policy
Attachment G	5 Year Plan Progress Report
Attachment H	P & E Report for all open Modernization Programs
Attachment I	PHDEP Plan

Attachment “A”

Resident Advisory Board Members

1. Mrs. Minnie Levingston, PHA Board Member
2. Mrs. Sarah Butler
3. Ms. Ludella Holloway
4. Ms. Cheryl Cook
5. Ms. Wanda Seals

Attachment “B”

Customer Service and Satisfaction Survey Resident Follow-up Plan

Communication

The Prichard Housing Authority will attend and hold monthly resident meeting to ensure that the residents voice their opinions and ask whatever questions that concerns them regarding housing authority practices. Flyers will be distributed two weeks prior and additional flyers will be distributed two days prior to the scheduled meeting.

Safety

The Housing Authority will take extra precautions to ensure that the residents are safe. The PHA has contacted the power company to have street lights replace and some additional ones added. Also addition police protection has been added to the areas that are needed.

Services

The PHA has and will continue to offer resident services that include computer classes, summer enrichment youth council, and sports. The social services department offers help with problem bills by directing them to cooperative agencies that offer help with such bills. There is also a clothes closet is in place for residents that may need to utilize it. The elderly is allowed to take in the gym for safety reasons and there are two workout rooms available for their use and for the use of other residents. There were 13 residents hired through the job placement program.

Neighborhood Appearance

The Housing Authority is ticketing residents for parking on the grass and having old cars sitting around. These cars are towed at the owners expense after a warning has been issued. In addition to regular garbage pickup service, the PHA has weekly trash pickup services. Lawn mowers are available for residents use.

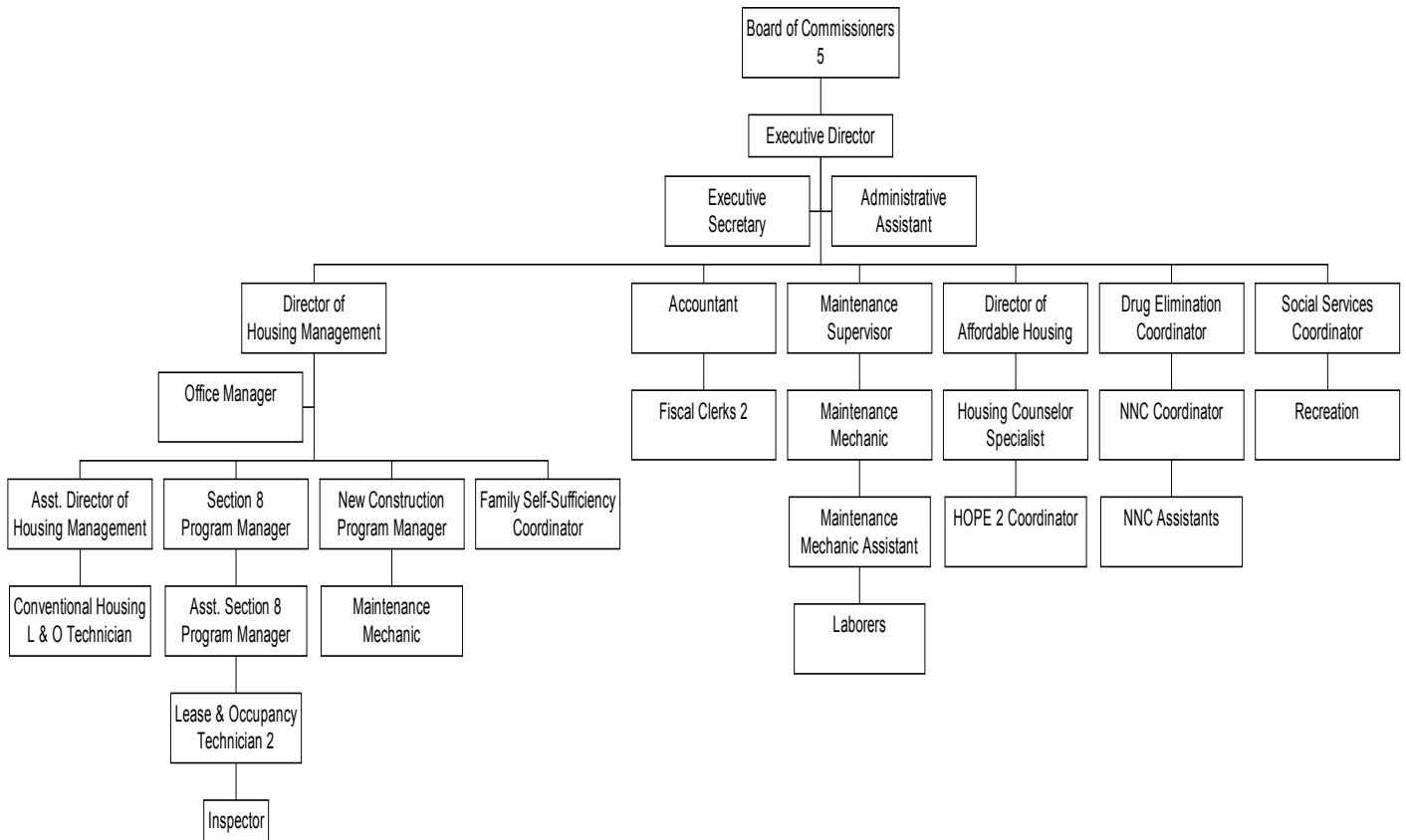
Attachment “C”

Admissions Policy For Deconcentration

The objective of the deconcentration rule for Section 8 tenant-based assistance is to admit no less than 75% of its new admissions to the program to families that have income at or below 30% of the area median income. The Housing Authority will track the status of all new admissions monthly by utilizing income reports generated by the Housing Authority's computer system. The goal will be tracked monthly and if the Housing Authority is not reaching its goal, families will be skipped on the waiting list to admit a family that has income that is at or below 30% of area median income. The practice will continue until the Housing Authority achieves its goal. The Housing Authority's Section 8 applicant selection process, which is contained in the Section 8 Administrative Plan provides for the skipping of families on the waiting list to accomplish this goal.

Attachment “D”

Prichard Housing Authority Organization Chart



“Attachment E”

Prichard Housing Authority (HA) Dwelling Lease Addendum

This addendum is being executed in accordance of Section XVI of the Dwelling Lease to govern Pet Ownership in Public Housing. As applicable, Section 526 of the Quality Housing and Work Responsibility Act of 1998 (Public Law 105-276, 112 Stat. 2451, 2568 (the Public Housing Reform Act of 1998) added new section 31 (captioned “Pet Ownership in Public Housing”) to the United States Housing Act of 1937. Section 31 establishes pet ownership requirements for tenants of public housing other than federally assisted rental housing for the elderly or persons with disabilities. Section 227 of the Housing-Rural Recovery Act of 1983 (12 U.S.C. 1701r-1) (the 1983 Act) covers pet ownership requirements for the elderly or persons with disabilities. This rule does not alter or affect these regulations in any way, nor would the regulation in Section 227 of the 1983 Act apply in any way to Section 31 of the 1937 Act. Section 31 of the 1937 Act is being implemented by adding a new subpart G to 24 CFR Part 960. The following policies must be complied with for pet ownership in the HA:

Section I. Pet Policy

1. Pet ownership: A tenant may own one or more common household pets or have one or more common household pets present in the dwelling unit of such tenant, subject to the following conditions:
 - A. Each Head of Household may own up to two pets. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.
 - B. If the pet is a dog or cat, it must be neutered/spayed at six (6) months, and cats must be declawed three (3) months. The evidence can be provided by a statement/bill from veterinarian and/or staff of the humane society. The evidence must be provide prior to the executive of this agreement and/or within 10 days of the pet becoming of age to be neutered/spayed or declawed. Tenant must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and 20 pounds (fully grown) if the pet is a dog. All other four legged animals are limited to 10 pounds (fully grown).
 - C. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time.
 - D. If the pet is a fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner.
 - E. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill

Note:
Any pet that is not fully grown will be weighed every six months.
Also, any pet that exceeds the weight limit at any time during occupancy
will not be an eligible pet and must be removed from HA property.

- F. from veterinarian or staff of the humane society and must be provided before the executive of this agreement.
- G. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns. Also, all pets must wear collars with identification at all times. Pets without a collars will be picked-up immediately and transported to the Humane Society.
- H. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property will be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet and at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged \$50 to cover the expense of taking the pet(s) to the Humane Society.
- I. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Tenant. In the case of an emergency, the HA will work with the resident to allow more that 24 hours for the resident to make accommodations for the pet.
- J. Pet(s), as applicable, must be weighed by a veterinarian or staff of the humane society. A statement containing the weight of the pet must be provided to the HA prior to the execution of this agreement.

2. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of to avoid any unpleasant and unsanitary odor from being in the unit.

3. Prohibited Animals: Animals that are considered vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, rottweiler, doberman pinscher, pit bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.

4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for ½ hour or more to the disturbance of any person at any time of the day or night. The Housing Manager will terminate this authorization, if a pet disturbs other tenants under this section of the lease

addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the tenant, in writing, that the animal must be removed from the Public Housing Development, within 10 day of the date of the notice from the HA. If the pet may be a danger or threat to the safety and security of other persons to 10 day notice will be changed to upon receipt of the notice from the HA. The Tenant may request a hearing, which will be handled according to the HA's established grievance procedure. The pet may remain with the tenant during the hearing process unless the HA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination is made by the HA, the pet must be immediately removed from the unit upon receipt of the notice from the HA.
6. The Tenant is solely responsible for cleaning up the waste of the pet within the dwelling and on the grounds of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$25 for the removal of the waste.
7. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained will be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet and at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged an additional \$50 to cover the expense of taking the pet(s) to the Humane Society. The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.

Pets may not be bred or used for any commercial purposes.

Section II. SCHEDULE OF FEES AND DEPOSITS

FEE AND DEPOSIT SCHEDULE

(A fee and deposit is required for each pet)

Type of Pet	Fee	Deposit
Dog	\$150	\$250
Cat	\$100	\$150
Fish Aquarium	\$50	\$100
Fish Bowl (Requires no power and no larger than two gallons)	\$0	\$25
Caged Pets	\$100	\$150

Note: The above schedule is applicable for each pet; therefore, if a tenant has more than one pet he or she must pay the applicable pet fee and deposit for each pet.

The entire fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of paragraph iv (L) of the lease and the HA will issue a termination notice. The tenant will be entitled to a grievance hearing in accordance with the HA's grievance procedure.

If the deposit is more than \$100.00, the head of household may elect to pay \$100.00 at the time of the signing of this addendum and make \$50.00 per month payments until the total deposit is paid. The fee shall not be reimbursed, and the deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant.

Attachment “F”

COMMUNITY SERVICE POLICY

- A. Each non-exempt adult public housing resident must contribute eight (8) hours of community service or participate in a self-sufficiency program for eight (8) hours in each month. Community Service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service does not include political activities.

Note:

For purposes of the community service requirement an adult is a person eighteen (18) years or older.

- B. Exempt: The following adult family members are exempt:
- (1) 62 years of age or older
 - (2) Persons with qualifying disabilities which prevent the individual’s compliance. The individual must provide appropriate documentation to support the qualifying disability, which may include self certification. In addition, any person who is the primary caretaker of such individual is exempt.
 - (3) Persons engaged in work activities as defined in section 407.(d) of the Social Security Act.
 - (4) Persons participating at least eight (8) hours a month in a welfare-to-work program.
 - (5) Person receiving assistance from and in compliance with a State program funded under Part A, Title IV of the Social Security Act.
- C. Proof of Compliance: Each head of household must present to the HA office documentation that he/she and all other persons eighteen years of age or older living in the household, who are not exempt, have complied with this section. Documentation may include a letter from the agency on letterhead or other official document. Any such documentation shall be verifiable by the HA. Failure to comply with the Community Service Requirement and to provide appropriate verifiable documentation prior to the date required shall result in the lease not being renewed by the HA. Provided, however, that the HA may allow the family member who is not in compliance to complete the requirements within the following year as follows: The head of household and the person not in compliance shall sign an agreement stating that the deficiency will be cured within the next twelve months. Proof of compliance with the agreement shall be made by the head of household annually at re-certification. Failure to comply with the agreement shall result in the lease being terminated for such non-compliance, unless the person(s), other than the head of household, no longer resides in the unit and has been removed from the lease.

FAILURE TO COMPLY WITH THE COMMUNITY SERVICE REQUIREMENT AND TO PROVIDE APPROPRIATE VERIFIABLE DOCUMENTATION PRIOR TO THE DATE REQUIRED SHALL RESULT IN THE LEASE NOT BEING RENEWED BY THE HA.

- D. Changes in Exempt or Non-Exempt Status will be handled during an interim or annual re-certification.

Attachment “G”

5-Year Plan Progress Report

1. The Housing Authority has applied and received additional Section 8 Rental Vouchers.
2. The Housing Authority has built 83 additional units under the Public Housing development program and will implement a Section 5(H) homeownership program.
3. The Housing Authority has hired additional staff to help reduce the vacancy rate and unit turn around time in public housing.
4. The Housing Authority has designated a building for particular resident groups and resident activities.
5. The Housing Authority is providing voucher mobility counseling to tenants.
6. The Housing Authority is promoting self-sufficiency and asset development of assisted households.
7. The Housing Authority has undertaken affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size.
8. The Housing Authority has provided services for youth in the area.
9. The Housing Authority has increased voucher payment standards.
10. The Housing Authority has increased customer satisfaction.

Attachment "H"

P & E

Annual Statement/Performance and Evaluation Report					
Comprehensive Grant Program (CGP)					
Part I: Summary					
PHA Name:		Grant Type and Number			Federal FY of Grant:
The Housing Authority of the City of Prichard		CGP Program: AL09-P169-702-94			1994
		CGP Program			
		Replacement Housing Factor Grant No:			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	74,250	74,250.00	74,250.00	74,250.00
3	1408 Management Improvements	59,450	59,449.85	59,449.85	59,449.85
4	1410 Administration	51,975	52,128.98	52,128.98	52,128.98
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	26,889	26,889.00	26,889.00	26,889.00
8	1440 Site Acquisition				
9	1450 Site Improvement	22,672	22,671.74	22,671.74	22,671.74
10	1460 Dwelling Structures	205,774	205,774.00	205,774.00	205,774.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	52,934	52,780.43	52,780.43	52,780.43
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development	248,576	248,576	248,576	248,576
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	742,520	742,520	742,520	742,520
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part I: Summary

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-702-94 CGP Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1994	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part II: Supporting Pages

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Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-702-94 CGP Program Replacement Housing Factor Grant No:				Federal FY of Grant: 1994		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

PHA Name: The Housing Authority of the City of Prichard	Grant Type and Number CGP Program: AL09-P169-702-94 CGP Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1994
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Annual Statement/Performance and Evaluation Report**Comprehensive Grant Program (CGP)****Part I: Summary**

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-703-95 CGP Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1995							
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:						<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost							
		Original	Revised	Obligated	Expended						
1	Total non-CFP Funds										
2	1406 Operations	70,639		70,639	70,639						
3	1408 Management Improvements	81,302		81,302	81,302						
4	1410 Administration	86,766		86,766	86,766						
5	1411 Audit										
6	1415 liquidated Damages										
7	1430 Fees and Costs	41,334		41,334	41,334						
8	1440 Site Acquisition										
9	1450 Site Improvement	25,737		25,737	25,737						
10	1460 Dwelling Structures	0		0	0						
11	1465.1 Dwelling Equipment—Nonexpendable										
12	1470 Nondwelling Structures	0		0	0						
13	1475 Nondwelling Equipment										
14	1485 Demolition	0		0	0						
15	1490 Replacement Reserve										
16	1492 Moving to Work Demonstration										
17	1495.1 Relocation Costs										
18	1498 Mod Used for Development	400,616		400,616	400,616						
19	1502 Contingency										
20	Amount of Annual Grant: (sum of lines 2-19)	706,394		706,394	706,394						
21	Amount of line 20 Related to LBP Activities										
22	Amount of line 20 Related to Section 504 Compliance										
23	Amount of line 20 Related to Security										

Annual Statement/Performance and Evaluation Report Comprehensive Grant Program (CGP) Part I: Summary					
PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-703-95 CGP Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1995
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Date		

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part II: Supporting Pages

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Annual Statement/Performance and Evaluation Report Comprehensive Grant Program (CGP) Part II: Supporting Pages								
PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-703-95 CGP Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1995			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report**Comprehensive Grant Program (CGP)****Part I: Summary**

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-704-96 CGP Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1996							
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:						<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost							
		Original	Revised	Obligated	Expended						
1	Total non-CFP Funds										
2	1406 Operations	60,309		60,309	60,309						
3	1408 Management Improvements										
4	1410 Administration	7,356		7,356	7,356						
5	1411 Audit										
6	1415 liquidated Damages										
7	1430 Fees and Costs	111		111	111						
8	1440 Site Acquisition										
9	1450 Site Improvement										
10	1460 Dwelling Structures										
11	1465.1 Dwelling Equipment—Nonexpendable										
12	1470 Nondwelling Structures										
13	1475 Nondwelling Equipment										
14	1485 Demolition										
15	1490 Replacement Reserve										
16	1492 Moving to Work Demonstration										
17	1495.1 Relocation Costs										
18	1498 Mod Used for Development	535,323		535,323	535,323						
19	1502 Contingency										
20	Amount of Annual Grant: (sum of lines 2-19)	603,099		603,099	603,099						
21	Amount of line 20 Related to LBP Activities										
22	Amount of line 20 Related to Section 504 Compliance										
23	Amount of line 20 Related to Security										

Annual Statement/Performance and Evaluation Report Comprehensive Grant Program (CGP) Part I: Summary					
PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-704-96 CGP Program Replacement Housing Factor Grant No:			Federal FY of Grant: 1996
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: </div> <div> <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report </div> </div>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Signature of Public Housing Director		
Date			Date		

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part II: Supporting Pages

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Annual Statement/Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

PHA Name: The Housing Authority of the City of Prichard	Grant Type and Number CGP Program: AL09-P169-704-96 CGP Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1996
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Annual Statement/Performance and Evaluation Report**Comprehensive Grant Program (CGP)****Part I: Summary**

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-705-97 CGP Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1997	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	57,300	57,300.00	57,300.00	57,300.00
3	1408 Management Improvements	65,135	91,219.29	91,219.29	91,219.29
4	1410 Administration	57,300	13,906.71	13,906.71	13,906.71
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	100,362	2,917.00	2,917.00	2,917.00
11	1465.1 Dwelling Equipment—Nonexpendable	47,500	95,645.00	95,645.00	95,645.00
12	1470 Nondwelling Structures	25,000	0	0	0
13	1475 Nondwelling Equipment	40,000	146,609.00	146,609.00	146,609.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development	165,485	165,485	165,485	165,485
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	573,082	573,082	573,082	573,082
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part I: Summary

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number CGP Program: AL09-P169-705-97 CGP Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1997	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Date		Signature of Public Housing Director Date

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)
Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of Grant:		
The Housing Authority of the City of Prichard		CGP Program: AL09-P169-705-97 CGP Program Replacement Housing Factor Grant No:				1997		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-wide	Operations	1406		57,300	57,300.00	57,300.00	57,300.00	
PHA-wide	Management Improvements	1408		65,135	91,219.29	91,219.29	91,219.29	
PHA-wide	Administration	1410		57,300	13,906.71	13,906.71	13,906.71	
PHA-wide	A/E Fees	1430		15,000	0	0	0	
PHA-wide	Modernize Units	1460		100,362	2,917.00	2,917.00	2,917.00	
PHA-wide	Dwelling Equipment	1465		47,500	95,645.00	95,645.00	95,645.00	
PHA-wide	Non-dwelling Structures	1470		25,000	0	0	0	
PHA-wide	Non-dwelling Equipment	1475		40,000	146,609.00	146,609.00	146,609.00	
PHA-wide	Development	1498		165,485	165,485.00	165,485.00	165,485.00	

Annual Statement/Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

PHA Name: The Housing Authority of the City of Prichard	Grant Type and Number CGP Program: AL09-P169-705-97 CGP Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1997
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Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number Capital Fund Program: AL09-P169-706-98 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1998	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	120,620	120,620	120,620.00	87,807.08
4	1410 Administration	57,300	57,300	57,300.00	57,300.00
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	24,250	76,656	76,656	12,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	224,400	199,945	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	47,500	47,500	47,500	2,273.58
12	1470 Nondwelling Structures	153,789	125,838	125,838.00	125,838.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	627,859	627,859	450,508	285,218.66
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary			
PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number Capital Fund Program: AL09-P169-706-98 Capital Fund Program Replacement Housing Factor Grant No:	
Federal FY of Grant: 1998			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
Signature of Executive Director		Date	Signature of Public Housing Director
		Date	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name:		Grant Type and Number				Federal FY of Grant:		
The Housing Authority of the City of Prichard		Capital Fund Program: AL09-P169-706-98 Capital Fund Program Replacement Housing Factor Grant No:				1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-wide	Family Life Center Sports Program Security Program Training Equipment	1408		120,620	120,620	120,620.00	87,807.08	
PHA-wide	Mod Coordinator Gym Administrator Security	1410		57,300	57,300	57,300.00	57,300.00	
PHA-wide	A/E fees 80% for a 1998, 1999, 2000	1430		24,250	76,656	76,656	12,000.00	
PHA-wide	Sewer Collections New roof	1460		224,400	199,945	0	0	
PHA-wide	Ranges, refrigerators	1465		47,500	47,500	47,500.00	2,273.58	
PHA-wide	New roof – Administration Building	1475		153,789	125,838	125,838.00	125,838.00	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number Capital Fund Program: AL09-P169-706-98 Capital Fund Program Replacement Housing Factor Grant No:				Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: The Housing Authority of the City of Prichard			Grant Type and Number Capital Fund Program AL09-P169-706-98 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1998
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number Capital Fund Program: AL09-P169-707-99 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no:)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	137,966	48,001.00	48,001.00	48,001.00
4	1410 Administration	62,412	33,409.83	33,409.83	33,409.83
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	24,323	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	465,127	608,417.17	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	689,828	689,828.00	81,410.83	81,410.83
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report			
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary			
PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number Capital Fund Program: AL09-P169-707-99 Capital Fund Program Replacement Housing Factor Grant No:	
Federal FY of Grant: 1999			
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
Signature of Executive Director		Date	Signature of Public Housing Director
		Date	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: The Housing Authority of the City of Prichard		Grant Type and Number Capital Fund Program: AL09-P169-707-99 Capital Fund Program Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: The Housing Authority of the City of Prichard			Grant Type and Number Capital Fund Program AL09-P169-707-99 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1999
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1.	General Information/History	1
2.	PHDEP Plan Goals/Budget	2
3.	Milestones	6
4.	Certifications	6

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 105,156

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

Continue to meet the concerns of and improve the quality of life for over 1500 residents in 3 residential developments. Through our Law Enforcement reimbursement activities resident will receive 24-hour protection. Through surveys, meetings, counseling sessions and groups, PHA continues to develop successful anti-drug and anti-crime programming. The PHA will implement education, enrichment and youth sports programs and activities.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Bessemer Apartment Complex	360	1,260
R. V. Brown Drive Apartments	39	137
Magnolia Trace Subdivision	22	82

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ **12 Months** _____ **18 Months** _____ **24 Months** X **Other** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY 1995	214,500	ALDEP1690195	0		09/30/97
FY 1996	214,500	ALDEP1690196	0		11/30/98
FY 1997	128,700	ALDEP1690197	0		12/31/99
FY1998	128,100	ALDEP1690198	0		12/31/01
FY 1999	96,829	ALDEP1690199	23,161.38		11/31/02
FY 2000	98,566	ALDEP1690100	72,826.75		12/31/03

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

The PHDEP Plan is designed to continue to meet the concerns of and improve the quality of life for over 1500 residents in 3 residential developments. The Law Enforcement reimbursement activities will continue to provide residents with 24-hour protection. Through surveys, meetings, counseling sessions and groups, PHA will continue to develop successful anti-drug and anti-crime programming. PHA will implement activities to build strong and healthy communities.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY <u>2001</u> PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	25,000
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	75,000
9180 - Drug Treatment	
9190 - Other Program Costs	5,156
TOTAL PHDEP FUNDING	105,156

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 - Reimbursement of Law Enforcement					Total PHDEP Funding: \$ 25,000		
Goal(s)	Improve public perception of law enforcement officers and provide for safety of residents						
Objectives	Increase visibility and positive interaction at PHA function and on the streets						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount/ Source)	Performance Indicators
1. Community Activity Group			3/29/00	Ongoing	X	N/A	N/A
2. Police Foot Patrol			6/1/00	Ongoing	X	N/A	N/A
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 - Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 - Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 – Drug Prevention					Total PHDEP Funding: \$75,000		
Goal(s)	Increase opportunity for success and economic independence						
Objectives	Continue after school tutorials and establish computer literacy classes						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Youth Council		Youth	1/1/01	12/31/01	X		N/A
2. Substance Classes	150	Youth/Adult	1/1/01	12/31/01	X		N/A
3. Anti Drug Rally	2000	Youth/Adult	3/1/01	12/31/01	X		N/A

9170 – Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$5,156		
Goal(s)	Reduce drug activity and violence in and around Housing Authority areas						
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1. Grant Administrator							
2.							
3.							

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item #	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item # 9120</i>	<i>Activities 1, 3</i>		<i>Activity 2</i>	
9110	6,250.00	6,250.00	12,500.00	25,000.00
9120				
9130				
9140				
9150				
9160				
9170	18,750.00	18,750.00	37,500.00	75,000.00
9180				
9190	1,289.00	1,289.00	2,578.00	5,156.00
TOTAL	26,289.00	\$26,289.00	52,578.00	\$105,156.00

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certifications of Compliance with the PHA Plan and Related Regulations.”

